

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY <div style="font-size: 1.2em; font-weight: bold;"> Draft 5 03/02/06 icb Not approved by the Judicial Council </div>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT: _____	
REQUEST FOR HEARING AND APPLICATION TO SET ASIDE SUPPORT ORDER	
CASE NUMBER: _____	

1. To ☐ petitioner ☐ respondent ☐ local child support agency ☐ other (specify): _____

A hearing on this application will be held as follows:

a. Date:	Time:	Dept.:	Div.:	Room:
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b. The address of the court where the hearing will be held is ☐ same as above ☐ other (specify): _____

2. An order was entered in this case on (date): _____ requiring ☐ petitioner ☐ respondent ☐ other parent to pay support. I request that the order be set aside.

3. Grounds for this request are (check all that apply):

- a. ☐ Fraud
- b. ☐ Perjury
- c. ☐ Lack of notice

4. ☐ I have complied with the time limits for filing this request to set aside (check one):

- a. ☐ Request brought within six months after the date I discovered or reasonably should have discovered the fraud.
- b. ☐ Request brought within six months after the date I discovered or reasonably should have discovered the perjury.
- c. ☐ Request brought within six months after the date:
 - (1) ☐ I obtained or reasonably should have obtained notice of the support order or
 - (2) ☐ my income and assets were subject to attachment under the support order.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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5. ☐ FACTS IN SUPPORT of relief requested are (*specify*):

☐ Contained in the attached declaration.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF DECLARANT)



Request for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the proceeding. Contact the clerk's office or go to www.courtinfo.ca.gov/forms for *Request for Accommodations by Persons With Disabilities and Order* (form MC-410). (Civil Code, § 54.8)